Form: **8301-RV** (Rev 9/2000)

Signature

of	
OI	
	of

Date

Commonwealth of Kentucky

Department of Insurance

Division of Agent Licensing PO Box 517, Frankfort, KY 40602-0517 502-564-6004

www.doi.state.ky.us

RENTAL VEHICLE LICENSE-SUPPLEMENTAL APPLICATION

Business Entity Name

	Business Entity Name	FEIN	Phone	Ext.	e-mail				
			() -			@	•		
-		ı	1	1					
						Managing Employee Assigned	Receiv	ed Pre-	Exam
						to Business Location:	Licensing Education Score		Score
	Business Name	Street Address	City	State	Zip	Name	Yes	No	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
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10.									
11. 12.									
13.									
14.									
L									
I b o a	by KRS 304 Subtitle 9, and that each or better on the pre-licensing examination.	ity Applicant ived pre-licensing education required managing employee has scored 70% ation, that all employees will receive hat all information in this application			NOTE: use One F I certify that I hav	Form per Managing Employee of Completed the pre-licensing education and nation required by KRS 304 Subtitle 9.			

Signature

Date

Title